2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

DOCUMENT

P98000068473

1. Entity Name

HANNA & CHAMSI CORPORATION



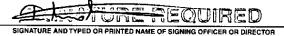
FILED Mar 04, 2003 8:00 am Secretary of State

03-04-2003 90077 030 ***150.00

Principal Plac 2814 ORCHA PALM HARBO		Mailing Address 2814 ORCHARD DR PALM HARBOR FL 34684								
2. Principal F	lace of Business	3. Mailing Address								
Suite, Apt.	#, etc.	Suite, Apt. #, etc.				☐ CHECK HERE IF MAKING CHANGES				
City & Stat	е	City & State			4. 1	4. FEI Number 65-0856087			oplied For	
Zíp	Country Zip		Coun	Country		5. Certificate of Status Desired \$8. Fee			ditional	
6. Name and Address of Current Registered Agent										
				Name				-3-61	=	
ABDE, IB 2814 OR	RAHIM Chard dr		Street Address			(P.O. Box Number is Not Acceptable)				
PALM HARBOR FL 34684										
*				City FL Zip Co					e	
8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent. SIGNATURE Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE										
FILE NOW!!! FEE IS \$150.00 After May 1, 2003 Fee will be \$550.00 Make Check Payable to Florida Department of State						Election Campaign Financing Trust Fund Contribution.			May Be I to Fees	
10.	ÖFFICERS AND (DIRECTORS	11.		AD	DITIONS/CHANGES TO OFFICERS	AND DI	RECTORS	3 IN 11	
NAME STREET ADDRESS	ABDE, IBRAHIM A 2814 ORCHARD DR			ET ADDRESS			Ċ] Change	☐ Addition	
CITY-ST-ZIP	PALM HARBOR FL 34684		CITY-							
NAME STREET ADDRESS CITY-ST-ZIP	HANNA, GHASSAN NAM 28014 COUNTY RD. 54] Change	☐ Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete			, υ. :		* ~ [Change	Addition	
NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete			W-1 4			Change	Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete] Change	Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP		□ Delete		T ADDRESS ST-ZIP			, C] Change	Addition	
12 Thereby or	ertify that the information supplied with t	his filing does not qualify for	the even	antion states	Lie Coeties 1	10.07(0)(2) 51.11.01.11.11	-10			

Interept certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:



Date

Daytime Phone #

CR2E034 (10/02)